

KANSAS STATE BOARD OF PHARMACY  
LONDON STATE OFFICE BUILDING  
900 SW JACKSON, ROOM 560  
TOPEKA, KS 66612  
(785) 296-4056  
FAX (785) 296-8420

FEE: NONE

FOR OFFICE USE ONLY

REG NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

**Utilization of Unused Medications  
Notification of Intent to Participate  
CLINICS AND QUALIFYING CENTER**

**68-18-1**

**“Each administrator or operator of a Clinic or Qualifying center who wants to participate as defined in L.2008, ch.9, sec 2 and amendments thereto, shall submit to the board written notification of intent to participate in the unused medications program”**

**Completion and submission of this form to the board meets the notification of intent to participate requirement of 68-18-1**

\_\_\_\_\_  
Name of Clinic/Qualifying Center

\_\_\_\_\_  
Clinic/Qualifying Center Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Fax Number

Type of Entity (CHECK ONE):

\_\_\_\_\_ CLINIC

\_\_\_\_\_ QUALIFYING CENTER

\_\_\_\_\_  
Name of Administrator/Operator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date